

Procedure Update Webinar



June 30, 2016
10:00 – 12:00 CST



Navagating Adobe Connect



AGENDA

- ❖ Civil Rights Review
- ❖ Alimentum Change
- ❖ Baby Food Changes
- ❖ Lost & Stolen Checks Update
- ❖ Baby Behavior Update
- ❖ Checking Those Checks
- ❖ New Income Guidelines
- ❖ Foster Teens – New Guidelines



AGENDA (cont.)

- ❖ Formulary – New
- ❖ PAF – New
- ❖ Authorized Representatives – What can they do?
- ❖ Documenting Averaged Income in Journey
- ❖ Using the Phone to View Proofs
- ❖ Other
- ❖ FY2017 Webinar Dates - Mark your Calendar



Civil Rights Review

REQUIRED FOR ALL STAFF



Four Required Areas of WIC Civil Rights

1. Tell Applicants, clients and the public how to apply for WIC and how to file a complaint.
2. Identify and accommodate language needs.
3. Collect Race and ethnicity information.
4. Accept complaints when someone says they have been treated differently.



Public Notification

- ✓ Place the “Equity for All” Poster in clinic where it can be seen easily.
- ✓ Use the Non-Discrimination statement on all materials and web sites that mention program eligibility and/or benefits.
- ✓ Review and give all Authorized Reps/participants a copy of the Rights & Responsibilities
- ✓ Provide listings of clinics, with dates and times to local sources (newspapers, radio, cable, etc.)



Services for LEP (Limited English Speaking) Clients

- ✓ Find out what languages are spoken in your clinics.
- ✓ Have a plan for helping LEP parents complete the WIC visit.
- ✓ Provide:
 - ✓ Translated Materials
 - ✓ Interpreters
- ✓ Hire bilingual staff
- ✓ Use the Language Line
- ✓ Do not ask parents to bring their own interpreters.



Collect Race and Ethnic Data

- ✓ Enter race and ethnic information into Journey.
- ✓ Allow clients to self-identify their race and ethnicity.
- ✓ When a person declines to provide the information, staff should visually do so and enter into Journey.
- ✓ Let clients know that the information:
 - ✓ is for data purposes only
 - ✓ will not affect their eligibility



How to Determine for New Families who Call for An Appointment?

1. Ask them to self-identify for each person who you are scheduling an appointment for.
2. If they refuse –
 - a. enter a choice based on the name, accent or other indicators.
 - b. Add an alert to assess and change the ethnic and race designations at the appointment to the family.



Allow Anyone to Submit a Complaint

1. Accept complaints when someone says they have been treated differently
 - Race/Ethnicity
 - Disability
2. Accept complaints from anyone:
 - Participants/Applicants
 - Authorized Representatives
 - Vendors



Let Those Wishing to File a Complaint Know That:

1. They can fill out a complaint form
2. They can tell you and you can fill out the complaint form
3. They can call the State WIC Office and file a complaint
4. They can call or send the complaint directly to USDA
 - *Rights & Responsibilities*
 - *Food Brochure*
 - *Equity for All Poster*
 - *Vendor Agreement*



Encourage Them to Submit the Complaint Soon

Discrimination Complaints must be submitted within *180 Days* of the time the incident happened.



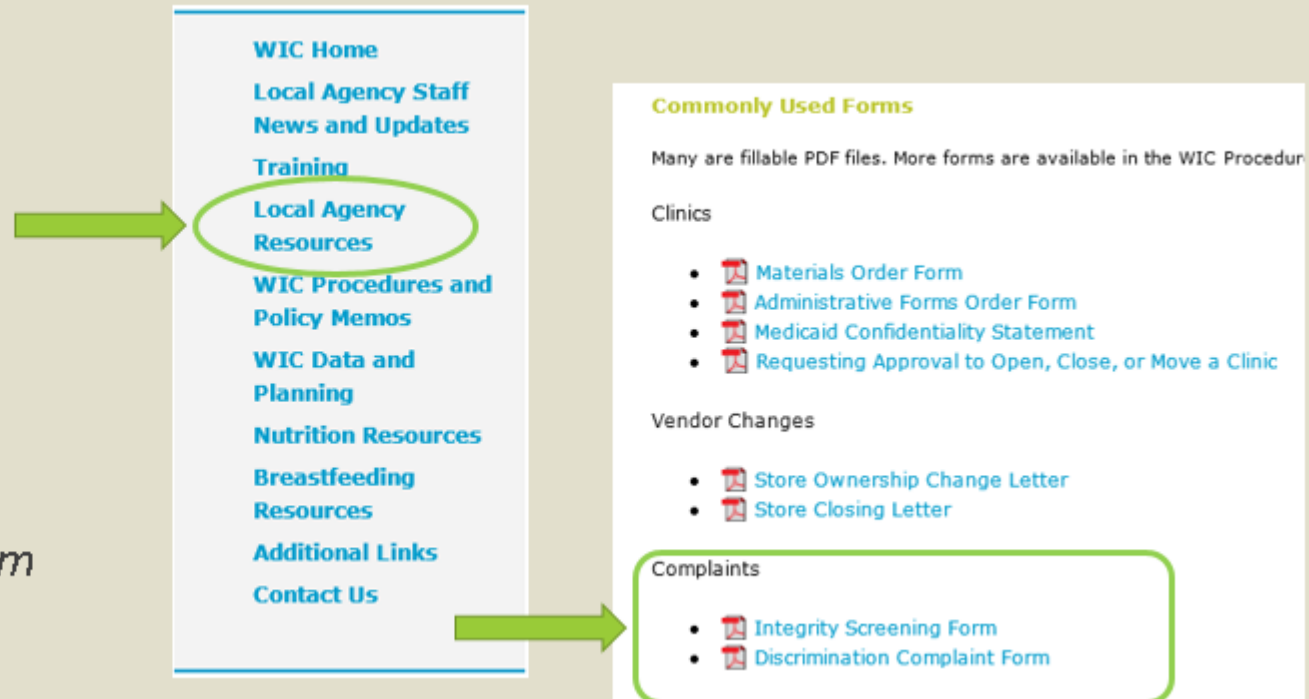
How to Submit a Complaint

Use the:

○ Integrity Screening Form

+

○ Discrimination Complaint Form



*Use the Integrity
Screening Form to
document the
details of the
complaint*

[illegible]

Use the Discrimination Complaint Form to designate the type of discrimination & travels of the complaint

WIC PROGRAM DISCRIMINATION FOLLOW-UP FORM

| | |
|--|---------------------------------------|
| Complainant Name: _____ | Date: _____ |
| Received at: <input type="checkbox"/> Local Agency | <input type="checkbox"/> State Agency |

STEP 1: Review documentation on screening form. Gather additional information if needed.

STEP 2: Check which basis the complainant feels discrimination exists.

☐ Race ☐ Age ☐ National Origin ☐ Color ☐ Sex ☐ Disability

STEP 3: If Incident Is Reported To Local WIC Agency:

Make a copy of the Program Integrity Screening Form and Discrimination Follow-up Form for agency files. Forward the original copies to the State WIC Office within 5 working days of receipt or report.

Date Sent to State WIC Office: _____

Sent By: _____

STEP 4: If Incident Is Reported To The State WIC Office:

Make a copy of the Program Integrity Screening Form and this follow-up form and send to the Civil Rights Director at USDA Regional Office within five days of receipt of incident.

Date Sent to Regional Civil Rights Office: _____

Sent By: _____

STEP 5: Send a copy of the Program Integrity Screening Form and this follow-up form to the State WIC Clinic Services Coordinator for the incident to be logged on to the Discrimination Log.

Date Sent to Clinic Services Coordinator: _____

Sent By: _____

STEP 6: Log the Incident into the Discrimination Log.

Date Logged: _____

Logged By: _____

STEP 7: File original copy of forms into Complaint File.

STEP 8: Additional Follow-up Needed:

(Attach Documentation)



Retention of Complaint

Scan all Complaint paperwork into the participant's Journey record.



Points to Remember

- 1. Accept All Complaints*
- 2. Use both the Integrity Screening & Discrimination Follow Up Forms*
- 3. Send All Discrimination Complaints to the State WIC Office within 5 days of receiving.*
- 4. Scan forms into the participant's record in Journey.*





GOLDEN RULE



Treat everyone as you would like to be treated



Questions



Alimentum Change

UPDATE

Alimentum Update

- All Clients needing Similac Alimentum should receive the model package **Alimentum 12.1 oz. NEW.**
- Your agency will be contacted if you have clients in the month of July or August with 16 oz. can checks to replace them with the 12.1 oz. can package.
- If your clients are experiencing difficulty finding the **NEW 12.1 oz. can**, the 16 oz. can size will be available until July 11th, 2016. Please contact state office with special circumstances.
- All stores have the ability to order in the 12.1 oz. can. If any issues arise, contact the local vendor manager.



Baby Food Changes

Infant Food Checks

Starting July 1st, checks will list infant foods according to the number of 4 oz. jars, rather than the number of jars or two-packs.

old 16 (4-OZ) JARS **OR 8 (2-PKS)** BABY FRUITS/VEG 3.5 – 4 OZ

new 16 (4-OZ) JARS BABY FRUITS/VEG [2 PK = 2 JARS]

** Checks with the old description can still be used through September/October*

Number of Baby Food Jars per Check

Two Options

16 jars per check

10 jars per check

BABY FRUITS/VEG

4 OZ JARS

(2 PK = 2 JARS)



16 jars per check

Full month of benefits (32 jars)

2 Checks with 16 jars

(+ cereal)

|  NEBRASKA WIC PROGRAM 301 Centennial Mall South • Lincoln, Nebraska 68509-5026 <small>Buying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, call 800-424-9212 or visit www.usda.gov/oig/hotline.htm</small> | | Acct #: 999999 | | 50978274 First Date to Use: 7/1/2016 Last Date to Use: 7/31/2016 |
|---|------------------------------|--|--|---|
| Clinic ID: 5-15 | Name: Lacey Pineapple | FID: 209838 | | |
| 3 (8-OZ) INFANT CEREAL WITHOUT FRUIT 16 (4-OZ) JARS BABY FRUIT/VEG [2 PK = 2 JARS] | | | | |
| | | <div>Vendor ID Stamp</div> | <div>Purchase Amount</div> <div>\$</div> | <div>Corrected Amount</div> |
| | | <div>Not Payable Without Authorized Nebraska Vendor ID Stamp</div> | | |
| <div>Authorized Signature - Must be signed at retail counter</div> | | | | |
| ***This participant's certification ends on 11/30/2016.*** | | | | |
| <div>Vendor Must Deposit Within 60 Days From First Date To Use</div> <div>Payable through Midwest, Citicorp Alliance Bank, Howard Lake, MN 55349</div> | | | | |

16 (4 OZ) BABY FRUITS/VEG



or



or




10 jars per check

Partial month of benefits

2/3 package: 2 checks with 10 jars
(+2 cereal)

1/3 package: 1 check with 10 jars
(+ 1 cereal)

|  NEBRASKA WIC PROGRAM 301 Centennial Mall South • Lincoln, Nebraska 68509-5026 <small>Buying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, call 800-424-9212 or visit www.usda.gov/oig/hotline.htm</small> | | 75-1248 919 | Acct #: 999999 | 50978272 First Date to Use: 6/1/2016 Last Date to Use: 6/30/2016 | | | | | | | | | | |
|--|------------------------------|---|----------------|---|-----------------|-----------------|--|----|------------------|--|--|--|---|--|
| Clinic ID: 5-15 | Name: Lacey Pineapple | FID: 209838 | | | | | | | | | | | | |
| 2 (8-OZ) INFANT CEREAL WITHOUT FRUIT 10 (4-OZ) JARS BABY FRUIT/VEG [2 PK = 2 JARS] | | | | | | | | | | | | | | |
| | | <table border="1"><tr><td>Vendor ID Stamp</td><td>Purchase Amount</td></tr><tr><td></td><td>\$</td></tr><tr><td colspan="2">Corrected Amount</td></tr><tr><td colspan="2"><small>Not Payable Without Authorized Nebraska Vendor ID Stamp</small></td></tr><tr><td colspan="2">Authorized Signature - Must be signed at retail counter</td></tr></table> | | | Vendor ID Stamp | Purchase Amount | | \$ | Corrected Amount | | <small>Not Payable Without Authorized Nebraska Vendor ID Stamp</small> | | Authorized Signature - Must be signed at retail counter | |
| Vendor ID Stamp | Purchase Amount | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | |
| Corrected Amount | | | | | | | | | | | | | | |
| <small>Not Payable Without Authorized Nebraska Vendor ID Stamp</small> | | | | | | | | | | | | | | |
| Authorized Signature - Must be signed at retail counter | | | | | | | | | | | | | | |
| ***This participant's certification ends on 11/30/2016.*** | | | | | | | | | | | | | | |
| <small>Vendor Must Deposit Within 60 Days From First Date To Use</small> | | | | | | | | | | | | | | |

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|--|------------------------------|---|----------------|---|-----------------|-----------------|--|----|------------------|--|--|--|---|--|
| Clinic ID: 5-15 | Name: Lacey Pineapple | FID: 209838 | | | | | | | | | | | | |
| 10 (4-OZ) JARS BABY FRUIT/VEG [2 PK = 2 JARS] | | | | | | | | | | | | | | |
| | | <table border="1"><tr><td>Vendor ID Stamp</td><td>Purchase Amount</td></tr><tr><td></td><td>\$</td></tr><tr><td colspan="2">Corrected Amount</td></tr><tr><td colspan="2"><small>Not Payable Without Authorized Nebraska Vendor ID Stamp</small></td></tr><tr><td colspan="2">Authorized Signature - Must be signed at retail counter</td></tr></table> | | | Vendor ID Stamp | Purchase Amount | | \$ | Corrected Amount | | <small>Not Payable Without Authorized Nebraska Vendor ID Stamp</small> | | Authorized Signature - Must be signed at retail counter | |
| Vendor ID Stamp | Purchase Amount | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | |
| Corrected Amount | | | | | | | | | | | | | | |
| <small>Not Payable Without Authorized Nebraska Vendor ID Stamp</small> | | | | | | | | | | | | | | |
| Authorized Signature - Must be signed at retail counter | | | | | | | | | | | | | | |
| ***This participant's certification ends on 11/30/2016.*** | | | | | | | | | | | | | | |
| <small>Vendor Must Deposit Within 60 Days From First Date To Use</small> | | | | | | | | | | | | | | |

10 (4 OZ) BABY FRUITS/VEG



or



or



For WIC Participants

There is also an information for
WIC Vendors

Infant Food WIC Checks Effective July 1st, 2016

16 Jars

Clinic ID: 5-15 Name: Lacey Pineapple FID: 209838
3 (8-OZ) INFANT CEREAL WITHOUT FRUIT
16 (4-OZ) JARS BABY FRUIT/VEG [2 PK = 2 JARS]

Vendor ID Stamp

Participant Amount

\$



With your check you may buy:

16 jars



OR

8 two-packs = 16 jars



OR

Combination equaling 16 jars



10 Jars

Clinic ID: 5-15 Name: Lacey Pineapple FID: 209838
10 (4-OZ) JARS BABY FRUIT/VEG [2 PK = 2 JARS]

Vendor ID Stamp

Participant Amount

With your check you may buy:

10 jars



OR

5 two-packs = 10 jars



OR

Combination of jars and 2-packs



Food Packages

Staff do not have to change food packages that have already been assigned

- Infant foods should auto-split so there are either 16 jars or 10 jars each check
- If you notice a food package that has 20 jars on 1 check, it is okay to issue that check.
- Please notify the help desk of the food package so we can make the change.
- Some packages will continue to have 16 jars on the 2/3 and 1/3 proration.
- As we convert all the food packages
- Fully breastfeeding infants

Questions



Lost & Stolen Checks

UPDATE

Lost & Stolen Checks

- **NEW** beginning July 1st, 2016 lost or stolen **women's fully breastfeeding** food checks can be replaced.
- Replacing Infant formula & formula issued from a food package III remains the same.
- When to replace
 - **ONE** time replacement in a 6 month period, up to 3 months of checks can be replaced for the occurrence.
- Complete a “lost or stolen check report” and scan into the client record.

Nebraska WIC Program
Lost or Stolen Check Report

Client ID Number: _____ Family ID Number: _____

Client last name: _____ Client first name, Middle Initial: _____

I certify that the following checks were: ☐ Lost ☐ Stolen

| Check Numbers (List Individually) | |
|-----------------------------------|------------------------------|
| Original Checks | Replacement Checks |
| Date of Issue: _____ (MM/YY) | Date of Issue: _____ (MM/YY) |
| | |
| | |
| | |
| | |
| | |

If I receive replacement checks and the lost/stolen checks are found, I will not use the previously lost/stolen checks at the store and will return them to the clinic to be voided.

Responsible Party Signature/Date: _____ Authorized WIC Staff Signature: _____

Check One: ☐ Benefits until next appointment have been replaced.
☐ Benefits have not been replaced.

01/05

Lost Check Replacement

- Use the “**Reprint**” function, to replace formula or fully breastfeeding mom’s checks only.
- Select the check(s) that will be replaced.
- Use the code “LOST”
- Print
- **DO NOT VOID** the food checks that are not replaced. If found the client may use them.

Family: 209838 Pamela L Pineapple 5 - 15 SPENCER

Food Benefits

Printing Options: Mailed ☐ Reason

Screen View: Top Level View ☒ Issuance ☐ Participant [Void](#)

Expand to See [Mail](#)

Reprint FI

| Participant Name | Reprint | FI Number | FDTU | Void Code |
|--------------------|-------------------------------------|-----------|------------|-----------|
| Lacey L Pineapple | <input type="checkbox"/> | 50978279 | 08/01/2016 | |
| Lacey L Pineapple | <input type="checkbox"/> | 50978280 | 08/01/2016 | |
| Lacey L Pineapple | <input type="checkbox"/> | 50978274 | 07/01/2016 | |
| Lacey L Pineapple | <input type="checkbox"/> | 50978278 | 07/01/2016 | |
| Pamela L Pineapple | <input checked="" type="checkbox"/> | 50978269 | 06/01/2016 | Lost |
| Pamela L Pineapple | <input checked="" type="checkbox"/> | 50978270 | 06/01/2016 | Lost |
| Lacey L Pineapple | <input type="checkbox"/> | 50978271 | 06/01/2016 | |

Select Here to Change Void Code of All Selected FIs

10216 The FIs will be reprinted and the Benefits Family will be saved when the "Print" button is pressed.

Stolen Check Replacement

- Checks reported as **STOLEN**, replace using the **"Reprint"** function. Only formula or fully breastfeeding mom's checks may be replaced.
- Select the check(s) that will be replaced.
- Use the code "STOLEN"
- Print
- **NEW- VOID** the food checks that are not replaced. If the client finds the checks that have been voided, they **MUST** be returned to the WIC office.

Family: 209838 Pamela L Pineapple 5 - 15 SPENCER

Food Benefits

Printing Options: [Print](#) [Reprint](#) [Void](#) [Mail](#)

Screen View: Top Level View ☒ Issuance ☐ Participant

Expand to See: [Expand](#)

Reprint FI

| Participant Name | Reprint | FI Number | FDTU | Void Code |
|--------------------|-------------------------------------|-----------|------------|-----------|
| Lacey L Pineapple | <input type="checkbox"/> | 50978279 | 08/01/2016 | |
| Lacey L Pineapple | <input type="checkbox"/> | 50978280 | 08/01/2016 | |
| Lacey L Pineapple | <input type="checkbox"/> | 50978274 | 07/01/2016 | |
| Lacey L Pineapple | <input type="checkbox"/> | 50978278 | 07/01/2016 | |
| Pamela L Pineapple | <input checked="" type="checkbox"/> | 50978269 | 06/01/2016 | Stolen |
| Pamela L Pineapple | <input checked="" type="checkbox"/> | 50978270 | 06/01/2016 | Stolen |
| Lacey L Pineapple | <input type="checkbox"/> | 50978271 | 06/01/2016 | |

Select Here to Change Void Code of All Selected FIs: [Stolen](#)

[Print](#) [Cancel](#)

10216 The FIs will be reprinted and the Benefits Family will be saved when the "Print" button is pressed

To replace stolen checks use **REPRINT**

To VOID stolen checks you are NOT replacing use **VOID**

Family: 209838 Pamela L Pineapple 5 - 15 SPENCER

Food Benefits

Printing Options: [Print](#) [Reprint](#) [Void](#) [Mail](#)

Screen View: Top Level View ☒ Issuance ☐ Participant

Expand to See: [Expand](#)

Void FIs

| Participant Name | Void | FI Number | FDTU | Void Code |
|--------------------|-------------------------------------|-----------|------------|-----------|
| Lacey L Pineapple | <input type="checkbox"/> | 50978279 | 08/01/2016 | |
| Lacey L Pineapple | <input checked="" type="checkbox"/> | 50978280 | 08/01/2016 | Stolen |
| Lacey L Pineapple | <input checked="" type="checkbox"/> | 50978274 | 07/01/2016 | Stolen |
| Lacey L Pineapple | <input checked="" type="checkbox"/> | 50978278 | 07/01/2016 | Stolen |
| Pamela L Pineapple | <input type="checkbox"/> | 50978269 | 06/01/2016 | |
| Pamela L Pineapple | <input type="checkbox"/> | 50978270 | 06/01/2016 | |
| Lacey L Pineapple | <input type="checkbox"/> | 50978271 | 06/01/2016 | |

Select Here to Change Void Code of All Selected FIs: [Stolen](#)

[Close](#)

Questions



Baby Behavior

UPDATE

4 Nutrition Education Contacts

Consistent Baby Behavior Messaging

1. Prenatal – During 2nd trimester/after 20 weeks gestation
2. Pregnancy - The month before due date
3. Infant Certification
4. Infant 1 Month Education



Materials

August
31st

Staff Training – Recorded
presentation describing
how to use the materials

Nutrition Education
Contact
Card Option

Nutrition Education
Contact
Video Option

Baby Behavior

Prenatal Education Messages
Nebraska WIC – Staff Training



Light Sleep



Class Clips

Prenatal
Early Infancy (English)
Early Infancy (Spanish)



Checking Those Checks

REMINDER

Checking Those Checks-What is different?

LEGACY

- Manual Check register helped with accountability of all checks.
 - Easier to identify if checks were not issued.
- All checks printed from one check printer.
- Only one person could print at one time.
- Checks came off of the printer in one continuous set.
- Easier to separate by family & month.
- MICR line was pre-printed on check stock.

JOURNEY

- Client signs electronically.
- In some locations, more than one check printer is available.
- Multiple users can print simultaneously.
- Check stock now comes in sheets with 3 checks per sheet.
- MICR line & check number is imaged at time of printing.

Checking Those Checks-Prevention

MICR lines

- No letters, only numbers
- Different font
- A distorted MICR line cannot be processed by automated bank readers


C50978272C A123456789A 999999C

■ PREVENTION is the KEY

- Double check the MICR line appears in this format
- If the MICR line is different, contact the WIC help desk immediately.

⑈50978281⑈ ⑆123456789⑆ 999999⑈

Issuing multiple months of benefits



NEBRASKA
WIC
Nutrition Program

Department of Health & Human Services
DHHS
NEBRASKA

Use these checks in the month of:
Utilizar estos cheques en el mes de:

| | | | |
|------------------|-------------|----------------------|--------------------|
| January/Enero | April/Abril | July/Julio | October/Octubre |
| February/Febrero | May/Mayo | August/Agosto | November/Noviembre |
| March/Marzo | June/Junio | September/Septiembre | December/Diciembre |

The Nebraska WIC Program provides healthy foods as a supplement to your total diet.
El Programa WIC de Nebraska le da alimentos saludables para suplementar su dieta.

PH-OTH-20

50977928
First Date to Use: 05/01/2016
Last Date to Use: 05/31/2016

■ Prevention

- Check that all checks in the envelope are for the same month & the month is indicated on the front of the envelope prior to issuing checks.

Checking Those Checks

■ Food Package Issuance

Effective Date: 07/13/2015 | 4 of 4 | New | Edit

End Date: 12/31/2015 | Do Not Auto-Update ☐

Special Diet ☐ (Prescribed Formula/Food, Religious Reason) | Doc

Self-Reported ☐ Details

Model Food Package

View: ☒ Full ☐ 2/3 ☐ 1/3 | FB Issuance: 3 Months

Food Package Name: 1AF

| Food Package | | | | | | |
|------------------------|---------------------------------|-----|-----|-------|-------|--|
| Category | Item Description | FI1 | FI2 | Month | Total | |
| 21 Infant Formula (IF) | (12.5 OZ) ENFAMIL INFANT POWDER | 4 | 5 | All | 9 | |

Effective Date: 01/01/2016 | 2 of 4 | New | Edit

End Date: 05/01/2016 | Do Not Auto-Update ☐ | Full Formula

Special Diet ☐ (Prescribed Formula/Food, Religious Reason) | Doc

Self-Reported ☐ Details

Model Food Package

View: ☒ Full ☐ 2/3 ☐ 1/3 | FB Issuance: 3 Months

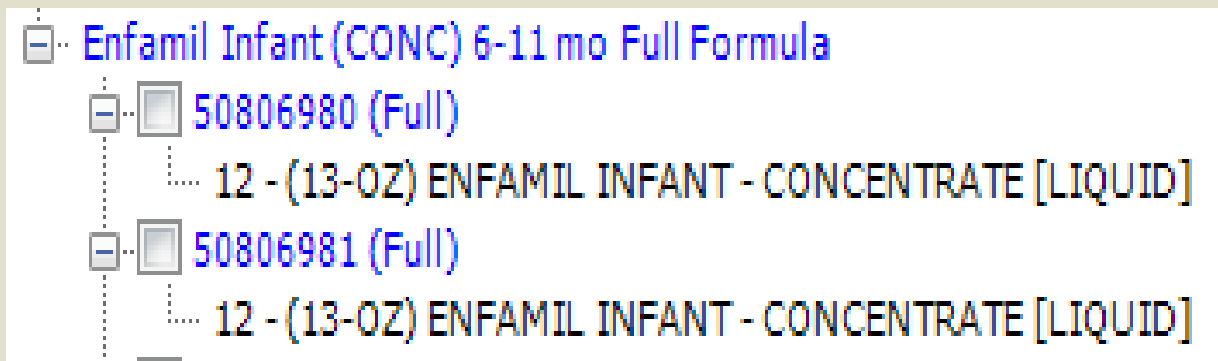
Food Package Name: Enfamil Infant (CONC) 6-11 mo Full Formula

| Food Package | | | |
|-------------------------|--|-----|-----|
| Category | Item Description | FI1 | FI2 |
| 09 Infant Cereal | (8-OZ) INFANT CEREAL WITHOUT FRUIT | | |
| 12 Infant Fruits and... | (4-OZ) JARS OR 8 (2-PKS) BABY FRUITS/VEG 3.5- 4... | | |
| 21 Infant Formula (IF) | (13-OZ) ENFAMIL INFANT - CONCENTRATE [LIQUID] | 12 | 12 |

Checking Those Checks

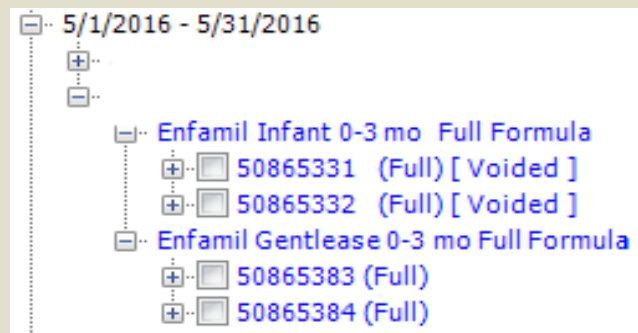
Prevention of issuance of food package

- ✓ Use the Food Benefits Panel to review the checks prior to printing
- ✓ Have the client review the checks
- ✓ Review the checks with the client, ask “are you receiving _____ foods/formula?”



Checking Those Checks

■ Voided Checks



| | FDTU | Redeemed date & amount | | Reissued | |
|----------|------------|------------------------|---------|----------|--------------|
| 50865384 | 05/01/2016 | 05/06/2016 | \$67.80 | Yes | |
| 50865383 | 05/01/2016 | 05/06/2016 | \$84.75 | Yes | |
| 50865332 | 05/01/2016 | 05/06/2016 | \$65.96 | No | Not Issue... |
| 50865331 | 05/01/2016 | 05/06/2016 | \$82.45 | No | Not Issue... |

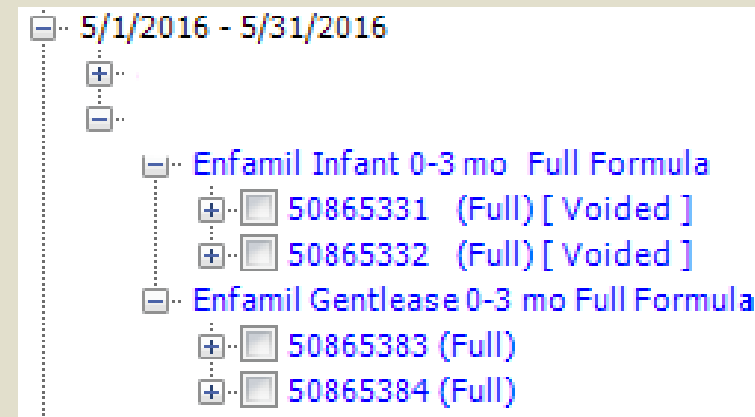
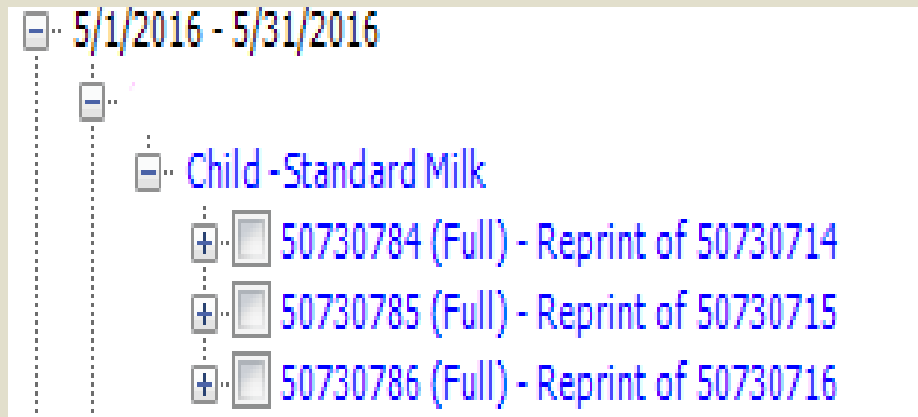
■ Reprinted Checks



| | FDTU Redeemed date & amount | | | | Reissued | | Original FI # |
|----------|-----------------------------|------------|---------|-----|--------------|--|---------------|
| 50730786 | 05/01/2016 | 06/01/2016 | \$10.04 | Yes | | | 50730716 |
| 50730785 | 05/01/2016 | 05/17/2016 | \$12.75 | Yes | | | 50730715 |
| 50730784 | 05/01/2016 | 05/17/2016 | \$5.79 | Yes | | | 50730714 |
| 50730716 | 05/01/2016 | 05/12/2016 | \$9.86 | No | Not Issue... | | |
| 50730715 | 05/01/2016 | 05/03/2016 | \$9.26 | No | Not Issue... | | |
| 50730714 | 05/01/2016 | 05/12/2016 | \$6.54 | No | Not Issue... | | |

Checking Those Checks

- Preventing VOIDED or REPRINTED checks from being issued to the client
 - First write **VOID** on the checks that are VOIDED/REPRINTED
 - Put the checks off to the side to prevent these checks from being issued
 - Use the Food Benefits Panel to verify the correct check numbers to be issued



Checking Those Checks

Use the Food Benefits Panel prior to printing

- Verify # of months intended to print is correct
- Verify the correct food package has populated on the food benefits panel
 - Ask the client if their child/children is receiving _____ foods/formula?
- Verify all participants that should have checks, have checks to be printed

Food Benefits

Printing Options

Print Reprint

Mailed ☐

Reason

Screen
Top Lev
Expand

7/1/2016 - 7/31/2016

- Christine D Greenpepper
 - Preg/Part BF In - Standard Milk
 - 1 (Full)
 - 2 (Full)
 - 3 (Full)
 - 4 (Full)
 - Alan S Greenpepper
 - Child - Standard Cheese
 - 1 (Full)
 - 2 (Full)
 - 3 (Full)

6/1/2016 - 6/30/2016

- Christine D Greenpepper
 - Preg/Part BF In - Standard Milk
 - 1 (Full)
 - 2 (1/3)
 - Alan S Greenpepper
 - Child - Standard Cheese
 - 1 (Full)
 - 2 (1/3)
 - 3 (1/3)

Checking those Checks

Use the Food Benefits Panel after printing

- Verify the correct number of checks for each participant have printed
- Verify the food package with the client
- Separating checks by month
 - Verify the number of checks in each envelope matches what is printed according to the food benefits panel

Food Benefits

Printing Options

Print [Reprint](#)

Mailed ☐

Reason


7/1/2016 - 7/31/2016

- Christine D Greenpepper
 - Preg/Part BF In - Standard Milk
 - 50978301 (Full)
 - 50978302 (Full)
 - 50978303 (Full)
 - 50978304 (Full)
 - Alan S Greenpepper
 - Child - Standard Cheese
 - 50978305 (Full)
 - 50978306 (Full)
 - 50978307 (Full)

6/1/2016 - 6/30/2016

- Christine D Greenpepper
 - Preg/Part BF In - Standard Milk
 - 50978296 (Full)
 - 50978297 (1/3)
 - Alan S Greenpepper
 - Child - Standard Cheese
 - 50978298 (Full)
 - 50978299 (1/3)
 - 50978300 (1/3)

Checking Those Checks-TIPS

- Have the client look over their checks
- Check the MICR line of all checks 
- Double check that you have all participants checks for each month in the correct month envelope.
- Always write **VOID** on checks that are voided or reprinted prior to issuing new checks

Questions



INCOME GUIDELINES

2017 GUIDELINES

New Guidelines Effective July 1, 2016

- Income guidelines in Journey will be updated prior to July 1st.
- Income procedure has been updated and is posted on the website.
- Outreach Brochure “Healthy Kids – Healthy Families” is currently under revision to include the new guidelines. A memo will be sent when these are available.
- Revised Healthy Kids – Healthy Families outreach brochure will be available in English and Spanish.

NEBRASKA WIC INCOME GUIDELINES
Effective July 1, 2016

| Family Size | Annual Income | Monthly Income | Twice Monthly Income | Bi-Weekly Income | Weekly Income |
|------------------------------|---------------|----------------|----------------------|------------------|---------------|
| 1 | 21,978 | 1,832 | 916 | 846 | 423 |
| 2 | 29,637 | 2,470 | 1,235 | 1,140 | 570 |
| 3 | 37,296 | 3,108 | 1,554 | 1,435 | 718 |
| 4 | 44,953 | 3,747 | 1,874 | 1,730 | 865 |
| 5 | 52,614 | 4,385 | 2,193 | 2,024 | 1,012 |
| 6 | 60,273 | 5,023 | 2,512 | 2,319 | 1,160 |
| 7 | 67,951 | 5,663 | 2,832 | 2,614 | 1,307 |
| 8 | 75,647 | 6,304 | 3,152 | 2,910 | 1,455 |
| 9 | 83,343 | 6,946 | 3,473 | 3,206 | 1,603 |
| 10 | 91,039 | 7,587 | 3,794 | 3,502 | 1,751 |
| 11 | 98,735 | 8,228 | 4,114 | 3,798 | 1,899 |
| 12 | 106,431 | 8,870 | 4,435 | 4,094 | 2,047 |
| 13 | 114,127 | 9,511 | 4,756 | 4,390 | 2,195 |
| 14 | 121,823 | 10,152 | 5,076 | 4,686 | 2,343 |
| 15 | 129,519 | 10,794 | 5,397 | 4,982 | 2,491 |
| Each add'l family member add | +\$7,696 | +\$642 | +\$321 | +\$296 | +\$148 |

FOSTER TEENS

NEW GUIDANCE FOR ENROLLING IN JOURNEY

Foster Teens



THREE POSSIBLE SCENARIOS

1. Pregnant teen is placed in foster care.
2. Teen has her baby and both are placed in foster care.
3. Teen has her baby Teen is in foster care
Baby is not in foster care.

Foster Teens

Scenarios & How To Enter in Journey

There are three possible scenarios that happen when a teen and/or her infant is placed in foster care:

1. Pregnant teen is placed in foster care.
2. Teen has her baby and both are placed in foster care.
3. Teen has her baby... Teen is in foster care, baby is *not in foster care*.

Scenario: 1

Pregnant teen only:

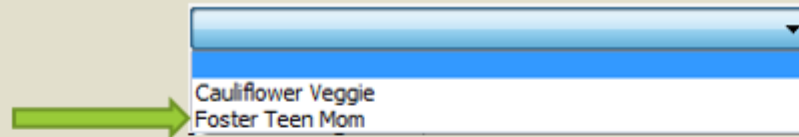
- Add teen to foster family
- Primary Authorized Representative = Foster Mom
- Additional Authorized Representative = Foster Teen
(Use "Foster Teen Mom" as name for Additional AR's name)
(Use 01/01/1900 as DOB)
- Family size = 1
- Income = ADJUNCT ELIGIBLE. Verbal report of amount foster family receives from the State, use "0" if unknown
- Medicaid Number = 99 (usually will not know the Medicaid number)

| | | | |
|---|--|---|----------------------|
| Auth Rep: Cauliflower Veggie Date of Birth: 04/28/1985 (31 y) | Category: Not Breastfeeding WIC Status: Terminated | Cert. End: 01/2016 Last FB: Jul 15 | Edit |
| *FB Issuance 3 Months | | | |
| Participant: Cornelius V Veggie Date of Birth: 01/30/2015 (1 y 4 m) | Category: Child (Male) WIC Status: Active | No Longer BF Cert. End: 08/2016 Last FB: May 16 | Edit |
| 03/01/2016, Start on multivitamin, Work on him feeding himself | | | |
| *FB Issuance 3 Months | | | |
| Participant: Morning Glory Date of Birth: 03/04/2001 (15 y) | Category: Pregnant WIC Status: Pending | Foster Cert. End: Last FB: | Edit |
| *FB Issuance 3 Months | | | |
| Additional Auth Rep: Foster Teen Mom | | | |
| Edit | | | |

Foster Teens



Creates a name that displays in the drop down lists to identify the signee



Points to Remember

- ❑ Enrolling a Teen who is in Foster Care requires a “Work Around” in Journey
- ❑ Teens in Foster care cannot be a Authorized Representative
- ❑ Use “Foster Teen Mom” as the Name of the Additional Authorized Representative
- ❑ Using the Work Around creates a choice in the drop down lists for the teen as 1) a Authorized Representative, 2) the person who signs for the certification and 3) who signed for the checks.

Questions




WIC Formulary

NEW

NEBRASKA

WIC



Nebraska WIC Program Formulary

These formulas are available in the Nebraska WIC Program.

This list is subject to periodic updates.

6/2016

| Formula Name | Manufacturer | Maximum Number of Cans Per Month by Age | | | |
|--------------|--------------|---|------------|-------------|--------------------|
| | | 0-3 months | 4-5 months | 6-11 months | Women and Children |

Formulary has been updated as of June 2016

- Formula Name
- Manufacturer
- Maximum Number of Cans Per Month by Age

Journey has the most up-to-date information on formulas WIC provides

Special Formula Food Packages

Not every special formula has a model food package

- Can leave model package blank and tailor the package
- Will need to use “Add Food” button
- Select category
- Select item description
- Will need to use “Add FI” button
- Use WIC formulary to determine maximum # of cans

Add Food

Remove Food

Add FI

Remove FI

Model Food Package

View ☒ Full ☐ 2/3 ☐ 1/3 *FB Issuance 3 Months 1st Day: 1

Food Package Name: Tailored

| Category | Item Description | FI1 | Month | Total | Doc ID |
|-------------------------|------------------|-----|-------|-------|--------|
| 41 WIC-eligible Medi... | | | | 0 | |

Comments

Family Alerts Food Benefi

Item Description is a required field.

Month is a required field.

Doc ID is a required field.

FI1 must contain a quantity.

(11 OZ) KETOCAL 4.1 POWDER
(14.1 OZ) ALFAMINO JUNIOR POWDER
(14.1 OZ) NEOCATE JR. WITH PREBIOTICS PC
(14.1 OZ) NEOCATE JUNIOR POWDER
(16-OZ) PORTAGEN - POWDER
(4-PK) BOOST KID ESSENTIALS 8.25 OZ READ
(6 packs [8 OZ]) BOOST LIQUID
(6 PACKS [8-OZ]) BRIGHT BEGINNINGS SOY C
(6 PACKS [8-OZ]) ENSURE ANY FLAVOR
(6 PACKS [8-OZ]) PEDIASURE ANY FLAVOR W
(6 PACKS [8-OZ]) PEDIASURE-ANY FLAVOR/N
(6 Packs)[8 OZ] PEDIASURE SIDEKICKS
(6PKS [8-OZ]) ENSURE PLUS CANS/BOTTLES -
(8 OZ) PEDIASURE ENTERAL
(8 OZ) BOOST KID ESSENTIALS 1.5 WITH FIB
(8 OZ) KID BOOST ESSENTIALS 1.5
(8 OZ) NEOCATE EO28 SPLASH
(8 OZ) PEDIASURE 1.5 CAL
(8 OZ) PEDIASURE 1.5 CAL WITH FIBER
(8 OZ) PEDIASURE ENTERAL WITH FIBER
(8 OZ) PEDIASURE PEPTIDE 1.0 CAL
(8 OZ) PEDIASURE PEPTIDE 1.5
(8 OZ) PULMOCARE READY TO USE
(8.45 OZ) COMPLEAT PEDIATRIC
(8.45 OZ) COMPLEAT PEDIATRIC REDUCED C
(8.45 OZ) NUTREN JUNIOR READY TO FEED
(8.45 OZ) NUTREN JUNIOR WITH FIBER
(8.45 OZ) PEPTAMEN JUNIOR 1.5
(8.45 OZ) PEPTAMEN JUNIOR READY TO FEEL

PAF — Physician Authorization Form

UPDATED FORM



**Nebraska WIC Nutrition Program
Physician Authorization Form**
For Specialty Formulas and WIC Supplemental Foods

Back of Form

- Now includes the ICD-10 Diagnostic Codes
- A few more diagnoses listed
- Examples of formulas WIC provides updated

Front of Form

- Slightly changed formatting
- Moved Date line above HCP signature
- Infants – now includes an area to indicate additional special formula needed for infants over 6 months of age
- Children – Removed area for indicting soy

EXAMPLES OF QUALIFYING MEDICAL CONDITIONS FOR SPECIALTY FORMULAS FROM WIC

Life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the infant's nutritional status are qualifying medical conditions for special formula:

| Conditions Including But Not Limited To: | | ICD – 10 Codes |
|--|---|----------------|
| INFANTS (0 – 11 months) | Anemia | D50, D64 |
| | Autoimmune Disorder | D89 |
| | Celiac Disease | K90.0 |
| | Cerebral Palsy | G80.9 |
| | Cleft Lip/Palate | Q35 – Q37 |
| | Congenital Malformations of Digestive System | Q38 – Q45 |
| | Congenital Heart Disease | Q20 – Q28 |
| | Cystic Fibrosis | E84 |
| | Developmental Sensory/Motor Delays | R62 |
| | Diabetes | E10 |
| | Digestive System Disorders of the Newborn | P05, P76-78 |
| | Diseases of Digestive System | K92 |
| | Failure to Thrive/ Inadequate Growth | R62.51 |
| | Feeding Disorders of Infancy/Early Childhood | F98.29 |
| | Severe Food Allergies | |
| | • Food Allergy - milk products | Z91.011 |
| | • Intolerance to carbohydrate/fat/protein/starch | K90.4 |
| | • Allergic and dietetic gastroenteritis and colitis | K52.2 |
| | • Dermatitis due to ingested food | L27.2 |
| | Gastro Esophageal Reflux Disease | P78.83, K21.0 |
| | Gastroenteritis and Colitis | K52 |
| | Gastrointestinal Disorders | K31 |
| | Genetic-Congenital Disorders | Q00 – Q99 |
| | Inborn Errors of Metabolism/ Metabolic Disorders | E88 |
| | Immunodeficiency Disorders | D84 |
| | Intestinal Malabsorption | K90 |
| | Intestinal Infectious Disease | A00-A09 |
| | Lactose Intolerance | E73 |
| | Prematurity/ Low Birth Weight | P05, P08 |
| | Underweight | R63.6, Z68.51 |

Specialty Infant Formulas -

provided by NE WIC with a qualifying medical condition:

- *Alfamino Infant*
- *Elecare Infant*
- *Enfamil Enfacare*
- *Neocate Infant*
- *Nutramigen*
- *Pregestimil*
- *PurAmino*
- *Similac Alimentum*
- *Similac Neosure*
- *Human Milk Fortifier*

Current WIC Formulary can be found on the NE WIC Website:

http://dhhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info_index.aspx

EXAMPLES OF QUALIFYING MEDICAL CONDITIONS FOR SPECIALTY FORMULAS FROM WIC

Life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the client's nutritional status are qualifying medical conditions for special formula:

Conditions Including But Not Limited To: ICD – 10 Codes

| | | |
|--------------------------------|---|---------------|
| CHILDREN (1 – 5 YEARS) & WOMEN | Anemia | D50, D64 |
| | Autoimmune Disorder | D89 |
| | Celiac Disease | K90.0 |
| | Cerebral Palsy | G80.9 |
| | Cleft Lip/Palate | Q35 – Q37 |
| | Congenital Malformations of Digestive System | Q38 – Q45 |
| | Congenital Heart Disease | Q20 – Q28 |
| | Cystic Fibrosis | E84 |
| | Developmental Sensory/Motor Delays | R62 |
| | Diabetes | E10 |
| | Diseases of Digestive System | K92 |
| | Failure to Thrive/ Inadequate Growth | R62.51 |
| | Feeding Disorders of Early Childhood | F98.29 |
| | Severe Food Allergies | |
| | • Food Allergy - milk products | Z91.011 |
| | • Intolerance to carbohydrate/fat/protein/starch | K90.4 |
| | • Allergic and dietetic gastroenteritis and colitis | K52.2 |
| | • Dermatitis due to ingested food | L27.2 |
| | Gastro Esophageal Reflux Disease | K21 |
| | Gastroenteritis and Colitis | K52 |
| | Gastrointestinal Disorders | K31 |
| | Genetic-Congenital Disorders | Q00 – Q99 |
| | Hyperemesis <u>Gravidarum</u> | O21 |
| | Inborn Errors of metabolism/ Metabolic Disorders | E88 |
| | Immunodeficiency Disorders | D84 |
| | Intestinal Malabsorption | K90 |
| | Intestinal Infectious Disease | A00-A09 |
| | Lactose Intolerance | E73 |
| | Prematurity/ Low Birth Weight | P05, P08 |
| | Underweight | R63.6, Z68.51 |
| | Low Weight Gain in Pregnancy | O26 |

Specialty Formulas -

provided by NE WIC with a qualifying medical condition (EXAMPLES):

| | | |
|---------------------------|--------------------------|-----------------------------|
| <u>Similac Alimentum</u> | <u>Alfamino Junior</u> | <u>E028 Splash</u> |
| <u>Nutramigen Enflora</u> | <u>Vivonex Pediatric</u> | <u>Nutren Jr.</u> |
| <u>Pregestimil</u> | <u>Vivonex TEN</u> | <u>Peptamen Jr.</u> |
| <u>Elecare Junior</u> | <u>Calcilo XD</u> | <u>Boost Kid Essentials</u> |
| <u>Neocate Junior</u> | <u>Portagen</u> | <u>Pediasure 1.5</u> |
| <u>PurAmino</u> | <u>Pulmocare</u> | <u>Compleat Pediatric</u> |

Current WIC Formulary can be found on the NE WIC Website:

http://dhhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info_index.aspx



Nebraska WIC Nutrition Program
Physician Authorization Form
For Specialty Formulas and WIC Supplemental Foods
Children 1-5 years and Women

Formula and food cannot be issued until **all** appropriate sections are completed. Thank You!

WIC Clinic:
Phone #:
Fax #:
Attention:

A. Patient Information

Name: _____ DOB: _____

Parent/Caregiver's Name: _____

B. Medical Reason/Diagnosis – (required)

DX: _____
Specialty formulas are not allowed for non-specific conditions such as: poor appetite, intolerance, picky eater, OR for enhancing nutrient intake or managing body weight without an underlying qualifying medical condition.

C. Formula WIC Provides approximately **29 oz/day**

Name of Formula

Formula Amount (oz/day)

☐ Maximum allowable OR ☐ _____ oz per day

Special Instructions

D. WIC Foods –All foods will be issued if nothing is marked

- ☐ No Milk ☐ No Beans ☐ No Juice ☐ No Tuna/Salmon (BF women)
☐ No Cheese ☐ No Peanut Butter ☐ No Fresh Fruits/Vegetables
☐ No Whole Grains ☐ No Breakfast Cereal ☐ No Eggs

E. Substitute Whole Milk

☐ Whole Milk

ONLY available for patients receiving specialty formula **and** who have a medical need for whole milk.

F. Requested length of issuance: 6 months will be issued if nothing is checked

☐ 1 mo. ☐ 2 mo. ☐ 3 mo. ☐ 4 mo. ☐ 5 mo. ☐ 6 mo.

G. Health Care Provider Information (required)

Date: _____ Phone No.: _____ Fax No.: _____

Providers Name (Please Print): _____

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____

For WIC Use Only

Approved by:

Date

Infants 6-12 months can get same amount of formula as 4-5 month infant

Is not a choice between more formula or food

Must have developmental or medical need

Monitor infant ability to tolerate solid foods and continued need for additional formula at 9 month nutrition ed visit



Nebraska WIC Nutrition Program
Physician Authorization Form
For Specialty Formulas and WIC Supplemental Foods
Infants up to 12 months

Formula and food cannot be issued until **all** appropriate sections are completed. Thank You!

WIC Clinic:
Phone #:
Fax #:
Attention:

A. Patient Information

Name: _____ DOB: _____

Parent/Caregiver's Name: _____

B. Medical Reason/Diagnosis – (required)

DX: _____

Specialty formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.

C. Formula

WIC Provides approximately: **28 oz/day:** birth-3 mo. **30 oz/day:** 4-5 mo. **22 oz/day:** 6-11 mo.

Name of Formula

Formula Amount (oz/day) ☐ Maximum allowable OR ☐ _____ oz per day

Special Instructions

D. WIC Foods (6-12 months of age, only): **All WIC infant foods will be issued if nothing is marked.**

☐ No WIC Infant Foods – cereal/fruits/vegetables

- Infant is not developmentally ready for solid foods AND needs additional formula ☐ Yes ☐ No

☐ All WIC Infant Foods are allowed

E. Requested Length of Issuance **6 months will be issued if nothing is marked.**

☐ 1 mo. ☐ 2 mo. ☐ 3 mo. ☐ 4 mo. ☐ 5 mo. ☐ 6 mo.

F. Health Care Provider Information (required)

Date: _____ Phone No.: _____ Fax No.: _____

Provider's Name (Please Print): _____

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____

For WIC Use Only

Approved by:

Date

Questions



Authorized Representatives

WHAT CAN THEY DO?

What Can a Authorized Representative Do?

| Actions Allowed | Primary Authorized Representative | Additional Authorized Representative |
|--------------------------|-----------------------------------|--------------------------------------|
| Enroll Minor | ★ | ★ |
| Enroll Spouse | ★ | |
| Recertify Family Members | ★ | ★ |
| Designate/Change RP's | ★ | ** |
| Designate/Change Proxies | ★ | ** |

** Additional Authorized Representative may change AR's and Proxies in special situations when something has changed with the Primary AR. Call the State WIC Office for guidance when this occurs

What Can a Authorized Representative Do?

| Actions Allowed | Primary Authorized Representative | Additional Authorized Representative |
|------------------------------------|-----------------------------------|--------------------------------------|
| Live with minor they are enrolling | ★ | |
| Live in Nebraska | ★ | |
| Live Anywhere | | ★ |

What Can a Authorized Representative Do?

| Actions Allowed | Primary Authorized Representative | Additional Authorized Representative |
|-------------------------|-----------------------------------|--------------------------------------|
| Unlimited Check Pickup | ★ | ★ |
| Use Checks at the Store | ★ | ★ |
| Checks Mailed to Them | ★ | ★ |

When Is an Additional Authorized Rep Allowed to Replace/Change the Primary AR?

- **Foster situation:**
 - Child moves into foster care
 - Child moves back with bio-parent
- Primary AR in jail or rehab. No way to contact to get documentation about the situation.
- Primary AR dropped children off with grandma or other person and never returned.
- Children now living with dad and has no idea where mom is or unable to contact. No court papers or Medicaid change yet.




Questions



Documenting Averaged Income in Journey

NEW POLICY

Use the Note Area to specify why income was averaged and length of time.

| Income Determination | | | | | |
|----------------------|----------------------------|----------|--|--------------|-----------------------------|
| Sources | Proof | Amount | Period | | Note |
| Employment | Pay stub (paper or elec... | \$503.00 |  | Semi-monthly | Construction - Avg 6 months |
| Employment | Pay stub (paper or elec... | \$112.00 |  | Weekly | Maternity - Avg 6 months |
| Child Support | Child Support/Alimony | \$15.00 |  | Bi-weekly | Averaged for 12 months |

Questions



Using the Phone to View Proofs

CLARIFICATION

Rules for Using Photos on a Cell Phone

Cannot:
be used for Identity



Rules for Using Photos on a Cell Phone

Must:

Show entire document

Be clear & readable



Documents That Can Be Shown on a Cell Phone

Include:

- * Any web site showing the approved document or information
- * A picture of a approved document/envelop sent to WIC or the client's phone by someone else.



Who Can Use This?

Any Client (who has forgotten a proof)



How Often Can a Picture of a Document Be Shown on Someone's Phone?

As often as necessary



Questions



Upcoming Webinars

SAVE THE DATES

FUTURE TRAINING



| Date | Time (CST) | Tentative Topics |
|-------------------|---------------|---------------------|
| Jan. 31, 2017 | TBD | Webinar |
| March 31, 2017 | TBD | Webinar |
| April or May 2017 | 1 ½ or 2 days | WIC/CSFP Conference |
| June 30, 2017 | TBD | Webinar |
| Sept. 29, 2017 | TBD | Webinar |

Thanks for attending

REMEMBER TO COMPLETE THE ATTENDANCE POLL BEFORE
LOGGING OUT